

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

| | |
|------------------------|-------------------|
| Application Number | 09/736,908 |
| Filing Date | DECEMBER 14, 2000 |
| First Named Inventor | KAUSHAL KUBOTA |
| Group Art Unit | 2614 |
| Examiner Name | JASON P. SALCE |
| Attorney Docket Number | US000387 |

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This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114

a. ☒ Previously submitted

i. ☒ Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. Enclosed

i. ☐ Amendment

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement

iv. ☐ Other _____ (may not be a brief)

2. Miscellaneous


a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))

b. ☐ Other _____

3. Fees


a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-------------------|---|--------------------------------------|----------|
| Name (Print Type) | Larry Liberchuk | Registration No. (Attorney/Agent) | 40,352 |
| Signature |  | Date | 12-16-05 |

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this is being facsimile transmitted to the U.S. Patent and Trademark Office at telephone #: (571) 273-8300 on the date below by:

| | |
|-------------------|---|
| Name (Print Type) | Noemi Chapa |
| Signature |  |
| Date | 12/19/05 |